United States Patent and Trademark Office (USPTO)
Office Action (Official Letter) About Applicant's Trademark Application

U.S. Application Serial No. 79297675

Mark: SPUTNIK V THE FIRST REGISTERED COVID-19 VACCINE PROVEN HUMAN ADENOVIRAL VECTOR TECHNOLOGY

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Applicant: Limited Liability Company "RDIF Asset management"

Reference/Docket No. N/A

Correspondence Email Address:

NONFINAL OFFICE ACTION
Notice of Provisional Full Refusal

International Registration No. 1559555

Deadline for responding. The USPTO must receive applicant's response **within six months of the "date on which the notification was sent to WIPO (mailing date)"** located on the WIPO cover letter, or the U.S. application will be abandoned (see https://www.uspto.gov/trademarks-application-process/abandoned-applications for information on abandonment). To confirm the mailing date, go to the USPTO's Trademark Status and Document Retrieval (TSDR) database at https://tsdr.uspto.gov/, select "US Serial, Registration, or Reference No.," enter the U.S. application serial number in the blank text box, and click on "Documents." The mailing date used to calculate the response deadline is the "Create/Mail Date" of the "IB-1rst Refusal Note."

Respond to this Office action using the USPTO's Trademark Electronic Application System (TEAS). A link to the appropriate TEAS response form appears at the end of this Office action.

Discussion of provisional full refusal. This is a provisional full refusal of the request for extension of protection to the United States of the international registration, known in the United States as a U.S. application based on Trademark Act Section 66(a). *See* 15 U.S.C. §§1141f(a), 1141h(c).

The referenced application has been reviewed by the assigned trademark examining attorney. Applicant must respond timely and completely to the issues below. 15 U.S.C. §1062(b); 37 C.F.R. §§2.62(a), 2.65(a); TMEP §§711, 718.03.

SUMMARY OF ISSUES

- Identification Amendment Required to Avoid Deceptiveness
- Mark Description Amendment Required
- Email Address Required
- U.S. Counsel Required

SEARCH OF USPTO DATABASE OF MARKS

The trademark examining attorney searched the USPTO database of registered and pending marks and found no conflicting marks that would bar registration under Trademark Act Section 2(d). 15 U.S.C. §1052(d); TMEP §704.02.

IDENTIFICATION AMENDMENT REQUIRED TO AVOID DECEPTIVENESS REFUSAL

Applicant's mark includes the wording "COVID-19", which indicates that applicant's goods are related to the COVID-19 pandemic.

The term "coronavirus" refers to a family of disease-causing viruses with crown-like spikes on the surface. See American Heritage Dictionary at https://www.ahdictionary.com/word/search.html?q=Coronavirus. In 2019, a novel coronavirus called SARS-CoV-2 (**S**evere **A**cute **R**espiratory **S**yndrome **Co**ronav**i**rus **2**) became responsible for a worldwide outbreak of a disease now known as COVID-19 (**Co**rona**vi**rus **D**isease 20**19**), the outbreak of which created a national emergency in the United States and was declared a pandemic by the World Health Organization. See the attached evidence from various sources discussing the COVID-19 outbreak:

- *Centers for Disease Control and Prevention* https://www.cdc.gov/coronavirus/types.html ("Coronaviruses are named for the crown-like spikes on their surface" and "SARS-CoV-2 (the novel coronavirus that causes coronavirus disease 2019, or COVID-19).")
- *National Institute of Allergy and Infectious Diseases* https://www.niaid.nih.gov/diseases-conditions/coronaviruses (In late 2019, a novel coronavirus not previously identified called SARS-CoV-2 (**S**evere **A**cute **R**espiratory **S**yndrome **Co**ronavirus **2**) emerged that causes a disease called COVID-19 (Coronavirus Disease 2019))
- *The White House* https://trumpwhitehouse.archives.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/ (In the United States, the President declared a national emergency in response to COVID-19 on March 13, 2020.)
- *U.S. Bureau of Labor Statistics* https://www.bls.gov/covid19/effects-of-covid-19-pandemic-on-productivity-and-costs-statistics.htm ("The coronavirus (COVID-19) pandemic is affecting daily life for the entire country."); and
- *World Health Organization* https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020 (Director-General's Opening Remarks at the Media Briefing on COVID-19 noting that on March 11, 2010, the World Health Organization began characterizing the outbreak as a "pandemic").

The COVID-19 outbreak has achieved widespread media attention throughout the entire world. For example, the attached article from Vox describes how 13% of all online news article views on the Internet concerned coronavirus. *See* https://www.vox.com/recode/2020/3/17/21182770/news-consumption-coronavirus-traffic-views; *see also* https://www.journalism.org/2020/04/01/cable-tv-and-covid-19-how-americans-perceive-the-outbreak-and-view-media-coverage-differ-by-main-news-source (Pew Research Center notes that "[c]overage of COVID-19 has dominated the news and resulted in skyrocketing ratings for the nation's cable news networks"). Consumers are familiar with COVID-19 and understand that it is caused by a novel coronavirus.

The relationship of applicant's goods to the COVID-19 pandemic is likely to affect the purchasing decision of a

significant portion of relevant consumers because the ability of the vaccine goods to help prevent contracting COVID-19 is highly desirable for consumers. However, if the goods do not (or will not) in fact have or exhibit this feature or characteristic, then registration may be refused because the mark consists of or includes deceptive matter in relation to the identified goods. *See* 15 U.S.C. §1052(a); *In re Budge Mfg. Co.*, 857 F.2d 773, 8 USPQ2d 1259 (Fed. Cir. 1988); TMEP §1203.02-.02(b).

To avoid such refusal, applicant may amend the identification to specify that the goods possess this relevant feature or characteristic. *See* TMEP §§1203.02(e)(ii), (f)(i), 1402.05 *et seq.* However, merely amending the identification to exclude goods with the named feature or characteristic will not avoid a deceptiveness refusal. TMEP §1203.02(f)(i).

Therefore, applicant may amend the identification to the following, if accurate:

International Class 5: Vaccines ***against COVID-19***

For assistance with identifying and classifying goods and services in trademark applications, please see the USPTO's online searchable *U.S. Acceptable Identification of Goods and Services Manual*. *See* TMEP §1402.04.

MARK DESCRIPTION AMENDMENT REQUIRED

Applicant must submit an amended description of the mark because the current one is incomplete and does not describe all the significant aspects of the mark. 37 C.F.R. §2.37; *see* TMEP §§808.01, 808.02. Specifically, the mark description does not specify which "P" contains the design. Descriptions must be accurate and identify all the literal and design elements in the mark. *See* 37 C.F.R. §2.37; TMEP §§808 *et seq.*

The following description is suggested, if accurate:

The mark consists of the stylized wording "SPUTNIK V" above the stylized wording "THE FIRST REGISTERED COVID-19 VACCINE" above the stylized wording "PROVEN HUMAN ADENOVIRAL VECTOR TECHNOLOGY". The "P" in "SPUTNIK" is stylized with three short horizontal lines extending to the left.

EMAIL ADDRESS REQUIRED

Email address required. Applicant must provide applicant's email address, which is a requirement for a complete application. *See* 37 C.F.R. §2.32(a)(2); *Mandatory Electronic Filing & Specimen Requirements*, Examination Guide 1-20, at III.A. (Rev. Feb. 2020). Applicant's email address cannot be identical to the listed primary correspondence email address of any attorney retained to represent applicant in this application. *See* Examination Guide 1-20, at III.A.

U.S. COUNSEL REQUIRED

Applicant must be represented by a U.S.-licensed attorney to respond to or appeal the provisional refusal. An applicant whose domicile is located outside of the United States or its territories is foreign-domiciled and must be represented by an attorney who is an active member in good standing of the bar of the highest court of a U.S. state or territory. 37 C.F.R. §§2.11(a), 11.14; *Requirement of U.S.-Licensed Attorney for Foreign-Domiciled Trademark Applicants & Registrants*, Examination Guide 4-19, at I.A. (Rev. Sept. 2019). An individual applicant's domicile is the place a person resides and intends to be the person's principal home. 37 C.F.R. §2.2(o); Examination Guide 4-19, at I.A. A juristic entity's domicile is the principal place of business; i.e., headquarters, where a juristic entity applicant's senior executives or officers ordinarily direct and control the entity's activities. 37 C.F.R. §2.2(o); Examination Guide 4-19, at I.A. Because applicant is foreign-

domiciled, applicant must appoint such a U.S.-licensed attorney qualified to practice under 37 C.F.R. §11.14 as its representative before the application may proceed to registration. 37 C.F.R. §2.11(a). See Hiring a U.S.-licensed trademark attorney at https://www.uspto.gov/trademarks-getting-started/why-hire-private-trademark-attorney for more information.

Only a U.S.-licensed attorney can take action on an application on behalf of a foreign-domiciled applicant. 37 C.F.R. §2.11(a). Accordingly, the USPTO will not communicate further with applicant about the application beyond this Office action or permit applicant to make future submissions in this application.

To appoint or designate a U.S.-licensed attorney. To appoint an attorney, applicant should submit a completed Trademark Electronic Application System (TEAS) Change Address or Representation form at https://teas.uspto.gov/wna/ccr/car. The newly-appointed attorney must submit a TEAS Response to Examining Attorney Office Action form at https://teas.uspto.gov/office/roa/ indicating that an appointment of attorney has been made and address all other refusals or requirements in this action, if any. Alternatively, if applicant retains an attorney before filing the response, the attorney can respond to this Office action by using the appropriate TEAS response form and provide his or her attorney information in the form and sign it as applicant's attorney. *See* 37 C.F.R. §2.17(b)(1)(ii).

ALSO, APPLICANT SHOULD NOTE THE FOLLOWING ADVISORY THAT APPLIES TO APPLICATIONS FILED UNDER SECTION 66(a) OF THE TRADEMARK ACT:

§66(a) Applications – Applicant May not Amend or Add to Filing Bases

For applications originally filed under Trademark Act Section 66(a), the filing basis may not be changed nor may more than one filing basis be asserted. 37 C.F.R. §§2.34(b) 2.35(a); TMEP §§806.01(e), 1904.01(a).

ASSISTANCE

Please call or email the assigned trademark examining attorney with questions about this Office action. Although an examining attorney cannot provide legal advice, the examining attorney can provide additional explanation about the refusal(s) and/or requirement(s) in this Office action. *See* TMEP §§705.02, 709.06.

The USPTO does not accept emails as responses to Office actions; however, emails can be used for informal communications and are included in the application record. *See* 37 C.F.R. §§2.62(c), 2.191; TMEP §§304.01-.02, 709.04-.05.

How to respond. Click to file a response to this nonfinal Office action.

/Timothy Schimpf/
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RESPONSE GUIDANCE

- **Missing the response deadline to this letter will cause the application to abandon.** The response must be received by the USPTO before midnight **Eastern Time** of the last day of the response period. TEAS

maintenance or unforeseen circumstances could affect an applicant's ability to timely respond.

- Responses signed by an unauthorized party are not accepted and can **cause the application to abandon**. If applicant does not have an attorney, the response must be signed by the individual applicant, all joint applicants, or someone with legal authority to bind a juristic applicant. If applicant has an attorney, the response must be signed by the attorney.

- If needed, **find** contact information for the supervisor of the office or unit listed in the signature block.

The American Heritage dictionary of the English Language

Search

HOW TO USE THE DICTIONARY

To look up an entry in *The American Heritage Dictionary of the English Language*, use the search window above. For best results, after typing in the word, click on the "Search" button instead of using the "enter" key.

Some compound words (like *bus rapid transit*, *dog whistle*, or *identity theft*) don't appear on the drop-down list when you type them in the search bar. For best results with compound words, place a quotation mark before the compound word in the search window.

GUIDE TO THE DICTIONARY

THE USAGE PANEL

The Usage Panel is a group of nearly 200 prominent scholars, creative writers, journalists, diplomats, and others in occupations requiring mastery of language. Annual surveys have gauged the acceptability of particular usages and grammatical constructions.

THE PANELISTS

NEED HELP SOLVING A CROSSWORD PUZZLE?

Go to our Crossword Puzzle Solver and type in the letters

co·ro·na·vi·rus (kə-rō′nə-vī′rəs)

Share:

n.

Any of a family of single-stranded RNA viruses that infect mammals and birds, causing respiratory infections such as the common cold and SARS in humans, and that have spikes of glycoproteins projecting from the viral envelope.

[corona + virus (so called because when a coronavirus virion is viewed under an electron microscope, the fringe of projections from the viral envelope resembles the solar corona during a solar eclipse).]

Indo-European & Semitic Roots Appendices

Thousands of entries in the dictionary include etymologies that trace their origins back to reconstructed proto-languages. You can obtain more information about these forms in our online appendices:

Indo-European Roots

Semitic Roots

The Indo-European appendix covers nearly half of the Indo-European roots that have left their mark on English words. A more complete treatment of Indo-European roots and the English words derived from them is available in our Dictionary of Indo-European Roots.

that you know, and the Solver will produce a list of possible solutions.

This website is best viewed in Chrome, Firefox, Microsoft Edge, or Safari. Some characters in pronunciations and etymologies cannot be displayed properly in Internet Explorer.

[illegible]

Effects of COVID-19 Pandemic on Productivity and Costs Statistics

The coronavirus (COVID-19) pandemic is affecting daily life for the entire country. The President declared a national emergency in the United States on March 13, 2020.

The Bureau of Labor Statistics (BLS) is open for business and is continuing to assess how this national emergency affects our operations and data products. How COVID-19 pandemic and response efforts may affect key economic indicators produced by BLS will depend, in part, on efforts taken by our various data partners. We have provided information below about our programs and will continue to update this information to keep you informed.

- Quarterly Productivity and Costs
- Productivity and Costs for Industries and States
- Multifactor Productivity Trends

Effects of COVID-19 Pandemic and Response on Quarterly Productivity and Costs

The Bureau of Labor Statistics produces preliminary and revised quarterly measures of Productivity and Costs eight times a year, roughly 1 week following the advance and second estimates of Gross Domestic Product (GDP), which are released about 30 and 60 days after the end of the quarter. Productivity and Costs are Principal Federal Economic Indicators that measure quarterly labor productivity and unit labor costs for the nonfarm business, business, manufacturing, and nonfinancial sectors of the economy. Labor productivity, or output per hour, is calculated by dividing an index of real output by an index of hours worked by all persons, including employees, proprietors, and unpaid family workers. Unit labor costs are ratios of current dollar hourly compensation to labor productivity.

1. **What source data will be affected by COVID-19 pandemic and response efforts?** BLS combines data from multiple sources to construct quarterly estimates of productivity and costs. Our source data for both quarterly real output and current dollar compensation for the nonfarm business, business, and nonfinancial sectors are provided by the Bureau of Economic Analysis (BEA). These data are closely related to, and published at the same time as, GDP. The quarterly labor productivity and unit labor costs data for major sectors are typically published shortly following publication of GDP for each quarter. Quarterly trends in real output for the manufacturing sector are derived from the Federal Reserve Industrial Production Index.

   The primary source data for hours of employees is the BLS Current Employment Statistics (CES) survey, an establishment survey. Hours data from the CES are the basis for about 90 percent of nonfarm business sector hours worked. The source for hours worked by proprietors and unpaid family workers is the Current Population Survey (CPS), a household survey that is conducted by the U.S. Census Bureau for BLS.

   The impact of COVID-19 pandemic and response efforts on these sources of data will vary. Additional information concerning source data can be found on our data providers' websites.
2. **Will the news release schedule be affected by COVID-19 pandemic and response efforts?** We anticipate no change to the 2020 news release schedule.
3. **Will BLS attempt to quantify the overall impact of COVID-19 pandemic and response efforts on productivity estimates?** BLS will continue to measure quarterly changes in productivity. Estimates of productivity growth for 2020 will include the impact of COVID-19 pandemic and response efforts and many other factors. It may not be possible to isolate the impact of COVID-19 pandemic and response efforts on quarterly productivity trends. In addition, because early estimates are based on a combination of data and projections, it is likely that these estimates will be subject to larger than normal revisions. Apart from data considerations, the timing of actual changes in output and hours also could result in large quarter-to-quarter changes in labor productivity. As information develops on the impact of COVID-19 pandemic and response efforts on our source data, BLS will do its best to inform data users about how these issues impact our data with a specific news release technical page while the nation is under the COVID-pandemic restrictions. It is important to remember that disentangling COVID-19 caused disruptions may not be possible due to the pervasive nature of these disruptions and economic events.
   - Technical details for Productivity and Costs, Second Quarter 2020, Preliminary

- Technical details for Productivity and Costs, First Quarter 2020, Revised
- Technical details for Productivity and Costs, First Quarter 2020, Preliminary

Effects of COVID-19 Pandemic and Response on Productivity and Costs for Industries and States

BLS combines data from multiple sources to construct estimates of productivity statistics and related data across a wide range of industries in the United States, as well as state-level measures. These data capture trends in the type of work American workers are doing and the efficiency with which various industries convert inputs into outputs, at both the national and sub-national level. Labor productivity, or output per hour, is calculated by dividing an index of real output by an index of hours worked by all persons, including employees, proprietors, and unpaid family workers.

1. **What source data will be affected by COVID-19 pandemic and response efforts?** Data on industry inputs and output are drawn from other publicly available sources. These include, primarily, economic censuses and surveys from the U.S. Census Bureau and BLS data such as the Current Employment Statistics survey, the Current Population Survey, the Quarterly Census of Employment and Wages, the Producer Price Index, and the Consumer Price Index. In addition, measures of output at the state level come from the Bureau of Economic Analysis GDP-by-State measures. The impact of COVID-19 on these sources of data will vary. If data from these sources are published on schedule, the related productivity and costs will also be published on schedule. If some of these data are not available, BLS will publish statistics for which we have sufficient data to generate estimates. Additional information concerning source data can be found on our data providers' websites.
2. **Will the news release schedule be impacted by COVID-19 pandemic and response efforts?** Upcoming Productivity and Costs by Industry news releases will present annual data for 2019. At this time, there are no expected changes to this release schedule. This is subject to change if the availability of the 2019 source data is impacted by COVID-19 pandemic and response efforts. Productivity and Costs by Industry and State-level Productivity for 2020, are expected to be released in 2021. To the extent that publication of annual source data for 2020 are delayed, there is the possibility that the productivity data may also be delayed. At present, the first release of 2020 Productivity Trends for Industries is expected to be released in Spring 2021. State-level measures for 2020 are expected to be released in Summer 2021.
3. **Will BLS attempt to quantify the overall impact of COVID-19 pandemic and response efforts on state and industry productivity estimates?** BLS will continue, as always, to measure annual changes in productivity for a large number of industries. Estimates of annual productivity growth for 2020 will include the impact of COVID-19 pandemic and response efforts as well as many other factors, and it may not be possible to isolate the impact of COVID-19 pandemic and response efforts on industry and state-level productivity trends. As information on the impact of COVID-19 on our source data develops, BLS will do its best to inform data users about how these issues impact our data, but it may not be possible to quantify these impacts.

Effects of COVID-19 Pandemic and Response on Multifactor Productivity Trends

Multifactor Productivity Trends for major sectors and industries are published on an annual basis. Preliminary estimates of private business and private nonfarm business sectors are published three months after the reference year and industry level estimates are published 13 months after the reference year. Multifactor productivity, also known as total factor productivity, is calculated by dividing an index of real output by an index of combined inputs used to produce that output. Inputs can include labor, capital, energy, materials, and purchased services.

1. **What source data will be impacted by COVID-19 pandemic and response efforts?** BLS combines data from multiple sources to construct estimates of multifactor productivity. Estimates for multifactor productivity use annual data from the Current Employment Statistics survey, Current Population Survey, BLS Industry Productivity Statistics, and various surveys from the Census Bureau and the BEA GDP by Industry Accounts. The impact of COVID-19 pandemic and response efforts on these sources of data will vary. If data from these sources are published on schedule, the related productivity and costs will also be published on schedule. If some of these data are not available, BLS will publish statistics for which we have sufficient data to generate estimates. Additional information concerning source data can be found on our data providers' websites.
2. **Will the news release schedule be impacted by COVID-19 pandemic and response efforts?** Preliminary private nonfarm business multifactor productivity for 2019 were released on March 24, 2020, "Multifactor Productivity Trends, 2019." BLS also released "Multifactor Productivity Trends in Manufacturing -- 2019" on January 28, 2020. The effects of the COVID-19 pandemic and response efforts had yet to impact the United States and thus did not impact these releases. The next multifactor productivity release, "Multifactor Productivity Trends for Detailed Industries," is scheduled to be released in August 2020. This release will present data through 2018. There is no anticipated change to this schedule. At present, preliminary "Multifactor Productivity Trends -- 2020" is expected to be released in early 2021.
3. **Will BLS attempt to quantify the overall impact of COVID-19 pandemic and response efforts on productivity estimates?** The primary goal for multifactor productivity estimates is, as always, to provide accurate estimates of multifactor productivity. Estimates of annual productivity growth for 2020 will include the impact of COVID-19 pandemic and response efforts as well as many other factors, and it may not be possible to isolate the impact on multifactor productivity trends. Comparisons of 2020 multifactor productivity trends against those of recent years and the previous three business cycles may provide a general indication of the impacts at the national level. As information on the impact of COVID-19 on our source data develops, BLS will do its best to inform data users about how these issues impact our data, but it may not be possible to quantify these impacts.

Last Modified Date: August 14, 2020

Human Coronavirus Types

Coronaviruses are named for the crown-like spikes on their surface. There are four main sub-groupings of coronaviruses, known as alpha, beta, gamma, and delta.

Human coronaviruses were first identified in the mid-1960s. The seven coronaviruses that can infect people are:

Common human coronaviruses

1. 229E (alpha coronavirus)
2. NL63 (alpha coronavirus)
3. OC43 (beta coronavirus)
4. HKU1 (beta coronavirus)

Other human coronaviruses

5. MERS-CoV (the beta coronavirus that causes Middle East Respiratory Syndrome, or MERS)
6. SARS-CoV (the beta coronavirus that causes severe acute respiratory syndrome, or SARS)
7. SARS-CoV-2 (the novel coronavirus that causes coronavirus disease 2019, or COVID-19)

People around the world commonly get infected with human coronaviruses 229E, NL63, OC43, and HKU1.

Sometimes coronaviruses that infect animals can evolve and make people sick and become a new human coronavirus. Three recent examples of this are 2019-nCoV, SARS-CoV, and MERS-CoV.

Page last reviewed: February 15, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

Coronaviruses

Overview | Information for Researchers

Coronaviruses are a large family of viruses that usually cause mild to moderate upper-respiratory tract illnesses, like the common cold. However, three new coronaviruses have emerged from animal reservoirs over the past two decades to cause serious and widespread illness and death.

There are hundreds of coronaviruses, most of which circulate among such animals as pigs, camels, bats and cats. Sometimes these viruses jump to humans—called a spillover event—and can cause disease. Four of the seven known coronaviruses that sicken people cause only mild to moderate disease. Three can cause more serious, even fatal, disease. SARS coronavirus (SARS-CoV) emerged in November 2002 and caused severe acute respiratory syndrome (SARS). That virus disappeared by 2004. Middle East respiratory syndrome (MERS) is caused by the MERS coronavirus (MERS-CoV). Transmitted from an animal reservoir in camels, MERS was identified in September 2012 and continues to cause sporadic, and localized outbreaks. The third novel coronavirus to emerge in this century is called SARS-CoV-2. It causes coronavirus disease 2019 (COVID-19), which emerged from China in December 2019 and was declared a global pandemic by the World Health Organization on March 11, 2020.

Building on previous research on SARS and MERS, NIAID scientists and grantees are well positioned to rapidly develop COVID-19 diagnostics, therapeutics and vaccines. These projects include conducting basic research to understand how the virus infects cells and causes disease, and what interventions can prevent and stop the spread of disease.

In fact, within two weeks of the discovery of COVID-19, NIAID researchers had determined how the virus enters

cells. And within two months sites had begun Phase 1 trials of a treatment (remdesivir) and a vaccine (mRNA-1273).

Why Are Coronaviruses a Priority for NIAID?

After SARS-CoV emerged from China in November 2002 it spread to 26 countries within a few months, largely by infected passengers who traveled. More than 8,000 people fell ill and 774 died. SARS drew the collective focus of researchers throughout the world. The disease disappeared in 2004, likely due to intensive contact tracing and case isolation measures . In September 2012, a new coronavirus was identified in the Middle East causing an illness similar to SARS. Again, researchers at NIAID and across the globe initiated studies to understand MERS-CoV and how to stop it. Research efforts from those two outbreaks--including development of a DNA vaccine candidate for SARS by NIAID's Vaccine Research Center--have prepared scientists to quickly assess the severity and transmission potential of SARS-CoV-2, and to develop countermeasures.

How Is NIAID Addressing This Critical Topic?

When MERS emerged in 2012 and COVID-19 was identified in 2020, NIAID intramural and extramural scientists mobilized quickly to study the viruses, efforts which continue today. Key areas of investigation include basic research on their origins, how they cause disease, and developing animal study models, new treatments, and vaccines.

Volunteer for COVID-19 Clinical Trials

NIAID conducts and supports clinical trials evaluating therapies and vaccine candidates against severe acute respiratory syndrome coronavirus type 2 (SARS-CoV-2), the virus that causes COVID-19

View a selection of ongoing NIAID-supported COVID-19 studies

Public Health and Government Response to COVID-19

- Health and Human Services Combat COVID web portal offers current information on clinical trials that people can participate in, as well as processes for donating blood and plasma, that will lead to prevention and treatment breakthroughs to benefit everyone.
- See Coronavirus (COVID-19) health information from the Centers for Disease Control (CDC).
- To learn about risk factors for coronaviruses and current prevention and treatment strategies visit the MedlinePlus COVID-19 (Coronavirus Disease 2019) site
- National Institutes of Health (NIH) COVID-19 Research
- Government Response to Coronavirus, COVID-19
- Respuesta del Gobierno ante el coronavirus (COVID-19)

- Respuesta del Gobierno ante el Coronavirus (COVID-19)

What's New

Latest News Releases

- Statement—Janssen Investigational COVID-19 Vaccine—Interim Analysis
  January 29, 2021
- Bulletin—Update on SARS-CoV-2 Variants
  January 27, 2021
- Media Availability—NIH Officials Highlight COVID-19 Vaccine Facts, Unknowns for Healthcare Providers
  January 19, 2021

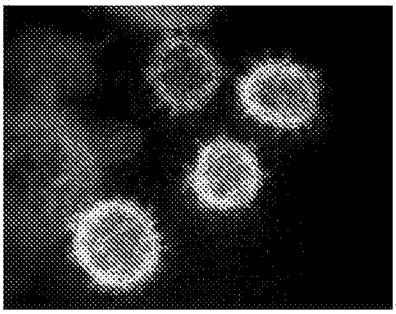
See all Coronaviruses related news releases

NIAID Now Blog

- New NIAID Study Examines Immune Responses in People Hospitalized with COVID-19
  May 1, 2020
- Prickly Patch Delivery of Experimental COVID-19 Vaccine Shows Promise in Animal Study
  April 3, 2020
- Rapidly Share, Discover, and Cite COVID-19 Research Results Generated by NIAID Awards
  March 23, 2020

See all Coronaviruses related NIAID Now posts

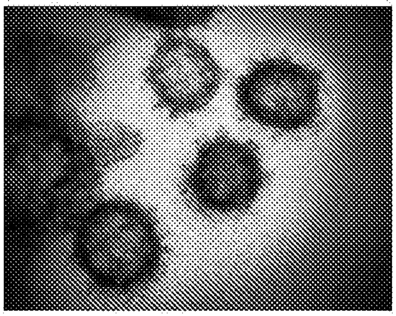
NIH COVID-19 Treatment Guidelines



Expert U.S. panel develops NIH treatment guidelines for COVID-19.

Read the NIH Coronavirus Disease 2019 (COVID-19) Treatment Guidelines

Images of SARS-CoV-2



NIAID COVID-19 Strategic Research Plan

The NIAID Strategic Plan for COVID-19 Research details the institute's priorities for controlling and ultimately ending the spread of the novel coronavirus (SARS-CoV-2) and the disease it causes (COVID-19). The plan focuses on four key research areas to accomplish this.

Read the NIAID COVID-19 Strategic Research Plan

COVID-19, MERS & SARS

In January 2020, a novel coronavirus, SARS-CoV-2, was identified as the cause of an outbreak of viral pneumonia in Wuhan, China. The disease, later named coronavirus disease 2019 (COVID-19), subsequently spread globally. In the first three months after COVID-19 emerged nearly 1 million people were infected and 50,000 died.

Read more about COVID-19, MERS & SARS

Therapeutics & Vaccines

NIAID-funded scientists are exploring ways to treat and prevent human coronavirus infections by working to develop new antibodies, drugs, and vaccines. Some block the virus from entering cells, some delay the immune system response, and some block viral replication.

- Developing Therapeutics and Vaccines for Coronaviruses
- COVID-19 Vaccine Questions and Answers

COVID-19 Clinical Research

NIAID is conducting and supporting a range of clinical studies to prevent, treat and better understand both the SARS-CoV-2 coronavirus and the disease it can cause (COVID-19).

Read more about NIAID's COVID-19 human clinical research

Characterizing Disease

Since the emergence of MERS coronavirus (MERS-CoV) in 2012, NIAID scientists have advanced their understanding of how the virus causes disease, focusing on developing animal models of disease and on countermeasures such as diagnostic tests and vaccine candidates.

Read more about characterizing MERS and COVID-19

Content last reviewed on May 19, 2020

Was This Page Helpful? Yes No

Form approved OMB#: 0925-0668, EXP. DATE: 04/30/2022

APRIL 1, 2020

Cable TV and COVID-19: How Americans perceive the outbreak and view media coverage differ by main news source

BY MARK JURKOWITZ AND AMY MITCHELL

A couple in Norwalk, Connecticut, watch TV news on March 25. Both lost their jobs due to the COVID-19 outbreak. (John Moore/Getty Images)

Coverage of COVID-19 has dominated the news and resulted in skyrocketing ratings for the nation's cable news networks. And according to a survey conducted March 10-16, 2020, as a part of Pew Research Center's Election News Pathways project, responses to that coverage and the pandemic itself vary notably among Americans who identify Fox

REPORT MATERIALS

Election News Pathways Project

Data Tool: Knowledge Questions on COVID-19

Methodology

American News Pathways February 2020 Survey Dataset

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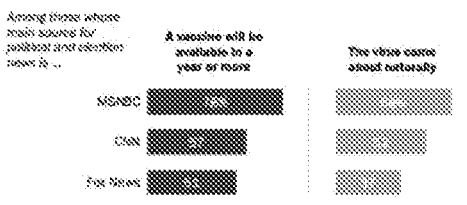
News, MSNBC or CNN (the three major cable news networks featured in the analysis) as their main source of political news.

In particular, the responses to COVID-19 news from those whose main source for political news is MSNBC or Fox News are strikingly different. The views of those who identify CNN as their main news source most often fit somewhere between the two.

Knowledge about coronavirus vaccine and origin vary by main source for political news

% of U.S. adults who answered that ...



Source: Survey of U.S. adults conducted March 10-18, 2020.

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One such difference emerges around knowledge and understanding of the pandemic. The group who names MSNBC as their main news source is far more likely than the Fox News group to answer correctly that the coronavirus originated in nature rather than a laboratory and that it will take a year or more for a vaccine to become available. On both questions, the portion in the CNN group to answer correctly falls between the MSNBC and Fox News numbers. This analysis comes from a survey of 8,914 U.S. adults who are members of the Center's American Trends Panel.

The Fox News and MSNBC groups also differ in their evaluations of the media's coverage of the pandemic. Those who call MSNBC their main political news source are far more likely to say the media covered the outbreak somewhat or very well (92%) than the Fox News group (58%). And they are much less likely than those who name Fox News as their main source to say the media exaggerated the risks posed by the pandemic (35% of the MSNBC group vs. 79% of the Fox News group). And again, those who identify CNN as their main news source fall in between (82% rate the media as doing somewhat or very well covering the outbreak; 54% say the media exaggerated the risks).

Party and ideological composition of cable network main source groups

% of those who name each source as their main source for political and election news who are ...

	Conservative Rep/Lean Rep	Mod/Lib Rep/Lean Rep	Mod/Cons Dem/Lean Dem	Liberal Dem/Lean Dem
	%	%	%	%
Fox News	78	17	5	1
CNN	6	21	40	33
MSNBC	2	3	38	57

Note: Figures may not add to 100% because of rounding and because those who did not give a specific answer are not shown. Source: Survey conducted Feb. 25-March 11, 2020.

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One way this project examined news consumption was by asking people -- in an open-ended question -- which single source they turn to *most* for political and election news. This is a smaller and more concentrated portion of consumers than the outlets' overall audiences (which asked respondents which outlets they got news from in the past week).

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The list of sources named by the most Americans include the three commercial broadcast networks (ABC, CBS, NBC), The New York Times, NPR, CNN, Fox News and MSNBC, as well as individual social media sites. (Nine outlets or sources in all were named by at least 2% of U.S. adults as their main source for political news. The full list of those outlets can be found here.)

The composition of main source groups for Fox News and MSNBC are very different politically. About three-quarters (76%) of those who name Fox News as their main source are conservative Republicans and Republican leaners, while 57% who name MSNBC are liberal Democrats and Democratic leaners. And while CNN and MSNBC both have left-leaning audiences overall, the people who name CNN as their main source are less likely to be liberal Democrats than those who name MSNBC. Fully 38% of those who name CNN as their main source are liberal Democrats, while another 40% are moderate or conservative Democrats.

Want to see more data on these questions?

To analyze these survey questions by additional media habits and demographic characteristics, use the interactive tool and access the dataset.

These differences in the party and ideological makeup of the cable network audiences impact how those who are turning to each network are responding to the coronavirus epidemic today.

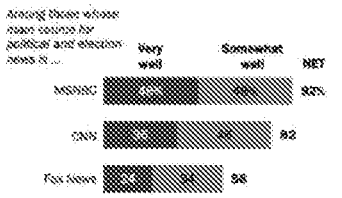
Fox and MSNBC audiences widely differ in assessments of the media's COVID-19 performance, CNN falls in between

Of the nine different main-source groups, MSNBC's gives the highest marks for media coverage in the survey. A full 92% say the news media have done somewhat or very well at covering the coronavirus outbreak, which is true for far fewer Fox News consumers (58%). That puts those who name Fox News as their main source in a virtual tie with those who name a social media site as their main source of political news – 56% of whom say the media performed somewhat or very well – in offering the most negative assessment.

As for those who primarily rely on CNN, 82% say the media have done somewhat or

Ratings of media coverage of COVID-19 differ greatly based on main news source

% of U.S. adults who say the news media are doing ... of covering the coronavirus outbreak ...



Majority of those whose main source is Fox News say the media have exaggerated the risks

% of U.S. adults who say the news media have ... the

a problem

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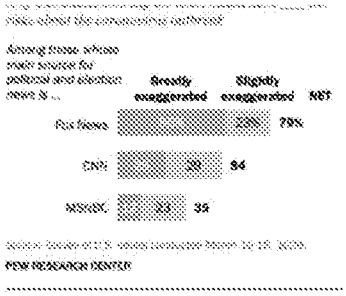
very well. It's worth noting that the difference in the MSNBC and CNN viewer response numbers come from those who say the media performed very well (46% for MSNBC vs. 36% for CNN).



The Fox News group stands out on another media evaluation question: whether the media have exaggerated the risks of the coronavirus outbreak. Roughly eight-in-ten (79%) of those whose main source is Fox News say the media slightly or greatly exaggerated the risk of the pandemic, with only 15% saying they got the risks about right.

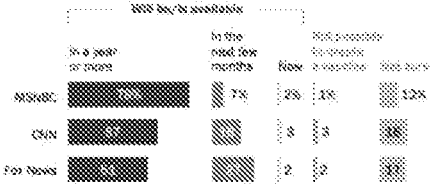
Meanwhile, the MSNBC consumers are the least likely to say that the media exaggerated the risks (35%), while 58% of them believe they got the risk about right. Among those who name CNN, 54% say that the media slightly or greatly exaggerated the risks, a percentage that puts them almost equidistant between the Fox News and MSNBC audiences. And 40% in the CNN group say the media got the risk about right. (Results for all nine news sources for the two questions in this section are available here and here in the Election News Pathways data tool.)

Three cable channels, three divergent responses on basic questions about COVID-19

Large percentages of those who say MSNBC is their main source of political and election news perform relatively well on two questions testing knowledge and understanding of the COVID-19 outbreak. Roughly three-quarters (78%) say that a COVID-19 vaccine would take a year or more to develop, an answer that matches what public health experts say. That puts the MSNBC group at the top with those whose main source are The New York Times (77%) or NPR (74%) in choosing that answer.

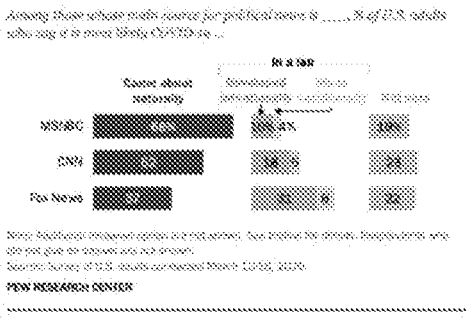
At the same time, just about half of those who name Fox News (51%) give the answer that matches the experts', a percentage similar to the groups that rely most on the three broadcast networks — NBC (52%), ABC (53%) and CBS (53%). A modestly higher percentage of those who name CNN as their main source for political

Relying on different cable channels ties to knowledge about a COVID-19 vaccine and the virus's origin



What Biden and Trump voters say they want the other candidate's supporters to know about them

news chose the experts' answer (57%) than those naming Fox News as their main source.



In addition, two-thirds (66%) of those who rely on MSNBC correctly answered that the coronavirus originated in nature, rather than in a laboratory. That compares with the 37% of the Fox News group who give that same answer, a response that was virtually tied with several other groups for the lowest percentage of correct answers.

Here, the CNN audience is in the middle of the MSNBC and Fox audience responses, with 52% responding that the virus occurred naturally.

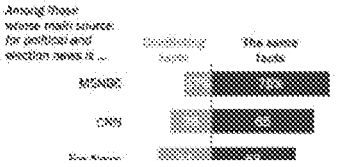
In addition, 39% in the Fox News group say the virus originated – either intentionally or unintentionally – in a laboratory, compared with 28% of the CNN group and 14% of the MSNBC group that say the same thing. (Results for all nine news sources on the two questions in this section are available here and here in the Election News Pathways data tool.)

Among cable news audiences, those whose main news source is Fox News are the least likely to see the same set of COVID-19 facts across sources

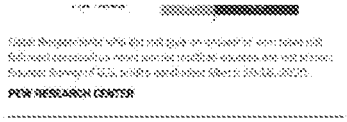
Two questions on the survey probed the issue of how much of the COVID-19 news people saw was misleading or confusing. One of those questions produced similar differences as those seen above in responses from the three cable news groups; the other, however, generated something pretty close to consensus.

When asked if they had seen mostly the same set of facts or conflicting sets of facts about the pandemic across various news sources, 75% of the MSNBC group say they had mostly seen the same facts, one of the highest percentages of any of the nine groups. That falls to about half (53%) of the Fox News group, which puts them among the main-source groups least likely to say they have seen the same facts.

About a third of those whose main news source is Fox News report seeing conflicting facts about COVID-19



Once again, those whose main source is CNN find themselves right between the audiences of their two competitors, with 65% saying they mostly saw the same facts.



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Finally, one area where there was a general consensus among those who rely most on all three cable news networks is whether they have seen news about the pandemic that seemed made up. Here, 53% of the Fox News group say they had seen a lot or some made-up news, only modestly higher than the 46% of those who turn primarily to CNN and MSNBC who say the same. (Results for all nine news sources on the two questions in this section are available here and here in the Election News Pathways data tool.)

These measures and more can be explored further in the Election News Pathways data tool, where all of the data associated with this project is available for public use. You can read more about public opinion of COVID-19 here.

Data from this analysis comes from a survey conducted March 10-16, 2020. See the survey questions and methodology for this analysis, or access the dataset.

Acknowledgments: The Election News Pathways project was made possible by The Pew Charitable Trusts. Pew Research Center is a subsidiary of The Pew Charitable Trusts, its primary funder. This initiative is a collaborative effort based on the input and analysis of a number of individuals and experts at Pew Research Center.

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Vox recode

It's not just you. Everybody is reading the news more because of coronavirus.

Page views were up 30 percent last week compared with last year.

By Rani Molla | ranimolla | Mar 17, 2020, 11:20am EDT

SHARE

A San Francisco newspaper headline announces the closure of large events on March 12, 2020. | Eric Risberg/AP

If you feel like you've been glued to the news lately, you're not alone. We're collectively reading much more news during the novel coronavirus pandemic than normal, according to new publisher traffic data.

Our thirst for information — and entertainment — makes sense. The coronavirus outbreak is a vast and urgent topic, and new developments about the science behind the outbreak as well as society's

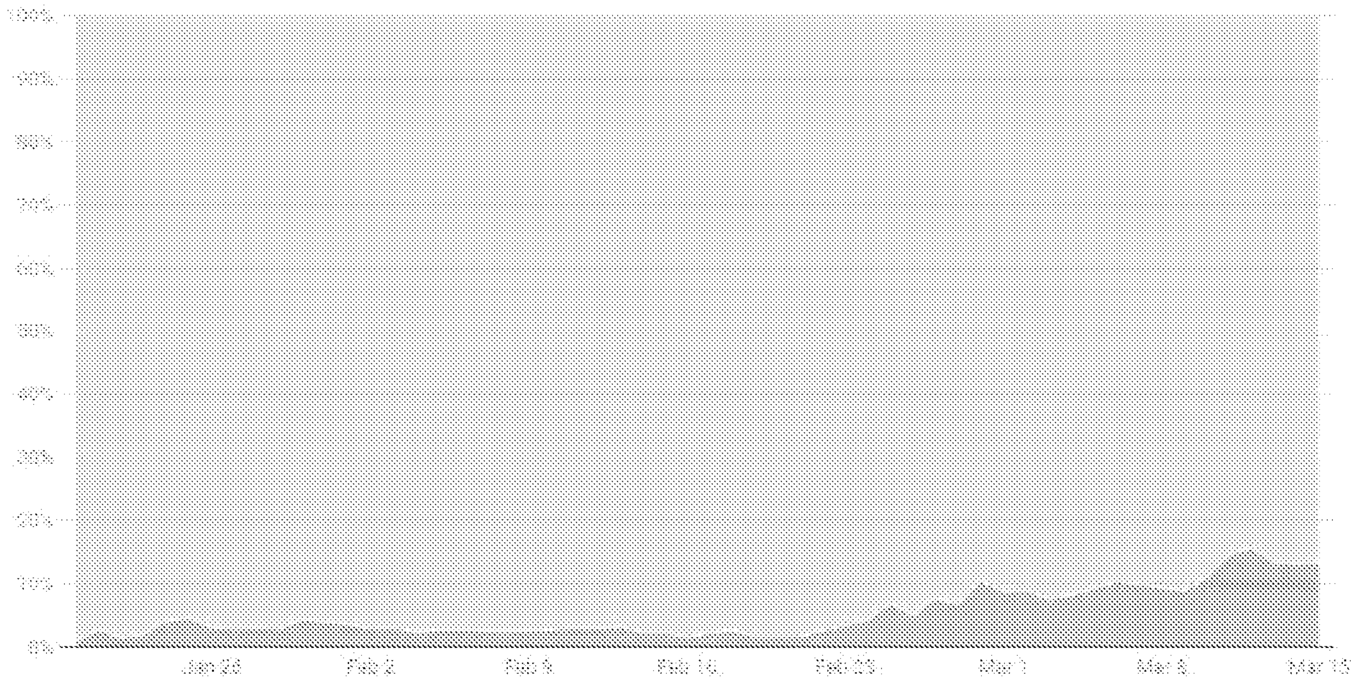
response to it are unfolding on an hourly basis. So we're all looking for information and context about it in this time of uncertainty.

Many of us also have a bit more time to read the news as various institutions have been impacted by self-distancing measures and self-quarantines. People who have been asked to work from home, for example, may have some extra time as they no longer commute to an office. We've also seen bars and restaurants as well as gyms and theaters shuttered in a number of major cities and states, meaning more leisure time can be devoted to staring at screens. Additionally, the entire travel industry has been upended by the virus, so there's little hope of getting away and ignoring it all.

In the past week, coronavirus articles represented just 1 percent of articles published but about 13 percent of all article views, according to data from Parse.ly, a company that measures content performance for a network of more than 3,000 high-traffic sites, including the Wall Street Journal, Bloomberg, NBC, Conde Nast, Slate, and TechCrunch.

By early March, articles about coronavirus made up more than 10 percent of news consumption

Hover for number of page views by day



Source: Parse.ly

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As a result, overall traffic to news sites has gone up. In recent days, article views have increased around 50 percent compared to the previous week, according to Parse.ly's network.

In recent days, article page views were 50 percent higher than they were a week earlier

Source: Parse.ly

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"What we're seeing is the growth since the start of the crisis, but compared to the baseline of 'relatively normal' content and news habits in January/February 2020, we're at a significant multiple — unlike pretty much anything Parse.ly has seen before, especially for how long the effect has lasted," Andrew Montalenti, Parse.ly co-founder and chief product officer, told Recode.

The top subtopics around coronavirus, according to Parse.ly, include articles about social distancing (especially as recommended by experts), analyses and explainers on topics like "flattening the curve" and self-quarantine, as well as information about travel restrictions.

According to Chartbeat, another popular content analytics platform for major publishers, "coronavirus" dominates the top spots in two major categories: the number of people simultaneously reading articles about a topic and the time spent reading those articles. While Chartbeat's data shows the number of articles published last week was down slightly compared to the same week a year earlier, the number of page views was up 33 percent. The amount of time spent actively scrolling, clicking, and reading articles was also up significantly (30 percent) in that time.

A quick survey of the most popular stories on major news outlets and social media recently shows how eager people are to read about the coronavirus pandemic. As of Tuesday morning, a post with live updates about coronavirus tops the trending page on the New York Times. The most popular article on the Wall Street Journal is "Dow Plummets Nearly 3,000 Points as Virus Fears." The Washington Post's most-read story is an excellent data visualization about how outbreaks like coronavirus spread. Meanwhile, the top-trending article on Vox is one explaining coronavirus

The CDC recommends several measures to help prevent the spread of Covid-19:

- Wash your hands often for at least 20 seconds.
- Cover your cough or sneeze with a tissue, then throw it in the trash.
- Clean and disinfect frequently touched objects.
- Stay home as much as possible, and do not go out if you are sick.
- Wear at least a cloth mask in certain

article on Vox is the Explaining coronavirus symptoms and telling people when they should seek help.

- public settings.
- Contact a health worker if you have symptoms.

Guidance may change. Stay informed and stay safe, with Vox's coronavirus coverage hub.

The most shared Facebook post in the past 24 hours appears to be a TMZ story about San Francisco's coronavirus lockdown. On Twitter — a lone standout — #StPatricksDay is the top trend globally and in the US, though there's plenty of coronavirus chatter to be seen under that hashtag and it's followed by hashtags that more directly reflect coronavirus.

The point is, coronavirus is top of mind for many, and we're eager to read about it. While reading more about the virus can contribute to anxiety and even hysteria, much of what people are reading appears to be practical, informative, and action-oriented. That is, people aren't just reading articles about what's happening. They're learning what they can do about it.

PROCLAMATIONS

Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak

Issued on: March 13, 2020

In December 2019, a novel (new) coronavirus known as SARS-CoV-2 ("the virus") was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease COVID-19 that has now spread globally. The Secretary of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247d), in response to COVID-19. I have taken sweeping action to control the spread of the virus in the United States, including by suspending entry of foreign nationals seeking entry who had been physically present within the prior 14 days in certain jurisdictions where COVID-19 outbreaks have occurred, including the People's Republic of China, the Islamic Republic of Iran, and the Schengen Area of Europe. The Federal Government, along with State and local governments, has taken preventive and proactive measures to slow the spread of the virus and treat those affected, including by instituting Federal quarantines for individuals evacuated from foreign nations, issuing a declaration pursuant to section 319F-3 of the Public Health Service Act (42 U.S.C. 247d-6d), and releasing policies to accelerate the acquisition of personal protective equipment and streamline bringing new diagnostic capabilities to laboratories. On March 11,

2020, the World Health Organization announced that the COVID-19 outbreak can be characterized as a pandemic, as the rates of infection continue to rise in many locations around the world and across the United States.

The spread of COVID-19 within our Nation's communities threatens to strain our Nation's healthcare systems. As of March 12, 2020, 1,645 people from 47 States have been infected with the virus that causes COVID-19. It is incumbent on hospitals and medical facilities throughout the country to assess their preparedness posture and be prepared to surge capacity and capability. Additional measures, however, are needed to successfully contain and combat the virus in the United States.

NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States, by the authority vested in me by the Constitution and the laws of the United States of America, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*) and consistent with section 1135 of the Social Security Act (SSA), as amended (42 U.S.C. 1320b-5), do hereby find and proclaim that the COVID-19 outbreak in the United States constitutes a national emergency, beginning March 1, 2020. Pursuant to this declaration, I direct as follows:

Section 1. Emergency Authority. The Secretary of HHS may exercise the authority under section 1135 of the SSA to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children's Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the COVID-19 outbreak.

Sec. 2. Certification and Notice. In exercising this authority, the Secretary of HHS shall provide certification and advance written notice to the Congress as required by section 1135(d) of the SSA (42 U.S.C. 1320b-5(d)).

Sec. 3. General Provisions. (a) Nothing in this proclamation shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating

to budgetary, administrative, or legislative proposals.

(b) This proclamation shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This proclamation is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

IN WITNESS WHEREOF, I have hereunto set my hand this thirteenth day of March, in the year of our Lord two thousand twenty, and of the independence of the United States of America the two hundred and forty-fourth.

DONALD J. TRUMP

WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020

العربية 中文 Français Русский Español

11 March 2020

Good afternoon.

In the past two weeks, the number of cases of COVID-19 outside China has increased 13-fold, and the number of affected countries has tripled.

There are now more than 118,000 cases in 114 countries, and 4,291 people have lost their lives.

Thousands more are fighting for their lives in hospitals.

In the days and weeks ahead, we expect to see the number of cases, the number of deaths, and the number of affected countries climb even higher.

WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction.

We have therefore made the assessment that COVID-19 can be characterized as a pandemic.

Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can

Related

COVID-19 outbreak

Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death.

Describing the situation as a pandemic does not change WHO's assessment of the threat posed by this virus. It doesn't change what WHO is doing, and it doesn't change what countries should do.

We have never before seen a pandemic sparked by a coronavirus. This is the first pandemic caused by a coronavirus.

And we have never before seen a pandemic that can be controlled, at the same time.

WHO has been in full response mode since we were notified of the first cases.

And we have called every day for countries to take urgent and aggressive action.

We have rung the alarm bell loud and clear.

===

As I said on Monday, just looking at the number of cases and the number of countries affected does not tell the full story.

Of the 118,000 cases reported globally in 114 countries, more than 90 percent of cases are in just four countries, and two of those -- China and the Republic of Korea - have significantly declining epidemics.

81 countries have not reported any cases, and 57 countries have reported 10 cases or less.

We cannot say this loudly enough, or clearly enough, or often enough: all countries can still change the course of this pandemic.

If countries detect, test, treat, isolate, trace, and mobilize their people in the response, those with a handful of cases can prevent those cases becoming clusters, and those clusters becoming community transmission.

Even those countries with community transmission or large clusters can turn the tide on this virus.

Several countries have demonstrated that this virus can be suppressed and controlled.

The challenge for many countries who are now dealing with large clusters or community transmission is not whether they **can** do the same -- it's whether they **will**.

Some countries are struggling with a lack of capacity.

Some countries are struggling with a lack of resources.

Some countries are struggling with a lack of resolve.

We are grateful for the measures being taken in Iran, Italy and the Republic of Korea to

slow the virus and control their epidemics.

We know that these measures are taking a heavy toll on societies and economies, just as they did in China.

All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights.

WHO's mandate is public health. But we're working with many partners across all sectors to mitigate the social and economic consequences of this pandemic.

This is not just a public health crisis, it is a crisis that will touch every sector -- so every sector and every individual must be involved in the fight.

I have said from the beginning that countries must take a whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact.

Let me summarize it in four key areas.

First, prepare and be ready.

Second, detect, protect and treat.

Third, reduce transmission.

Fourth, innovate and learn.

I remind all countries that we are calling on you to activate and scale up your emergency response mechanisms;

Communicate with your people about the risks and how they can protect themselves – this is everybody's business;

Find, isolate, test and treat every case and trace every contact;

Ready your hospitals;

Protect and train your health workers.

And let's all look out for each other, because we need each other.

===

There's been so much attention on one word.

Let me give you some other words that matter much more, and that are much more actionable.

Prevention.

Preparedness.

Public health.

Political leadership.

And most of all, people.

We're in this together, to do the right things with calm and protect the citizens of the world. It's doable.

I thank you.

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